

1. CIR./DIST./DIV. CODE EDNY/CI		2. PERSON REPRESENTED Gerald Machacek		VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER CR 11-639-4(JFB)		5. APPEALS DKT./DEF. NUMBER	
7. IN CASE/MATTER OF (Case Name) USA v. Michaelides, et al.		8. PAYMENT CATEGORY X Felony Misdemeanor Appeal Petty Offense Other		9. TYPE PERSON REPRESENTED X Adult Defendant Juvenile Defendant Other Appellant Appellee	
10. REPRESENTATION TYPE (See Instructions) CC					
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 18:1951(a), 3551 et seq.; 21:846, 841(b)(1)(C); 18:2314; 2; 18:1956(h) 18:922, 924					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS Anthony M. LaPinta, Esq. 35 Arkay Drive Suite 200 Hauppauge, NY 11788					
13. COURT ORDER Appointing Counsel Subs For Federal Defender Subs For Panel Attorney C Co-Counsel R Subs For Retained Attorney Y Standby Counsel					
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)					
15. CLAIM FOR SERVICES AND EXPENSES CATEGORIES (Attach itemization of services with dates) a. Arraignment and/or Plea b. Bail and Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (Specify on additional sheets) (RATE PER HOUR = \$ ) TOTALS: a. Interviews and Conferences b. Obtaining and reviewing records c. Legal research and brief writing d. Travel time e. Investigative and other work (Specify on additional sheets) (RATE PER HOUR = \$ ) TOTALS: 7. Travel Expenses (lodging, parking, meals, mileage, etc.) 8. Other Expenses (other than expert, transcripts, etc.) GRAND TOTALS (CLAIMED AND ADJUSTED):					
16. HOURS CLAIMED					
17. TOTAL AMOUNT CLAIMED					
18. MATH/TECH. ADJUSTED HOURS					
19. MATH/TECH. ADJUSTED AMOUNT					
20. ADDITIONAL REVIEW					
21. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE TO: _____ 22. CLAIM STATUS Final Payment Interim Payment Number Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this representation? YES NO If yes, were you paid? YES NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? YES NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney _____ Date _____					
23. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION					
24. CASE DISPOSITION					
25. APPROVED FOR PAYMENT - COURT USE ONLY					
26. IN COURT COMP.					
27. OUT OF COURT COMP.					
28. TRAVEL EXPENSES					
29. OTHER EXPENSES					
30. TOTAL AMT. APPR./CERT.					
31. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER					
32. DATE					
33. JUDGE/MAG. JUDGE CODE					
34. IN COURT COMP.					
35. OUT OF COURT COMP.					
36. TRAVEL EXPENSES					
37. OTHER EXPENSES					
38. TOTAL AMT. APPROVED					
39. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.					
40. DATE					
41. JUDGE CODE					